

MULTIPLE DEPENDENT
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-87)

APPLICANT(S)

09/667776

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEP.	INO.	DEP.	INO.	DEP.
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TOTAL	21					
TOTAL	24					

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